

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4	1					
5		6				
6		5				
7		4				
8		4				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		4				
19		4				
20		4				
21		4				
22		4				
23		5				
24	1					
25						
26		5				
27		5				
28		5				
29		5				
30		5				
31	1					
32		1				
33	1					
34	1					
35		1				
36		1				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48	1					
49		5				
50		5				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		5				
52		5				
53		5				
54		5				
55		5				
56		5				
57		5				
58						
59						
60						
61						
62						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.		195				
TOTAL CLAIMS		203				

910
57
58
14